

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**62-029872**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 260

**FILED AUG 27 1962**

1. PLACE OF DEATH

a. COUNTY

Adair

b. CITY (If outside corporate limits, give TOWNSHIP only)

Kirksville

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Adair

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR

INSTITUTION

Laughlin Hospital

Inside Limits

Yes ☐ No ☐

d. STREET

ADDRESS

(If outside, give location)

1309 S. Boundry

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)

First

Lona

Middle

Anna

Last

Crane

4. DATE

OF DEATH

Month

Day

Year

Aug. 19, 1962

5. SEX

female

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10/10/1920-41

9. AGE (last birthday)

20-41

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10b. KIND OF BUSINESS OR INDUSTRY

domestic

11. BIRTHPLACE (City and state or country)

Cooper County, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Hogan Freeman

13b. MOTHER'S MAIDEN NAME

Sofia Honerbrink

14. NAME OF HUSBAND OR WIFE

H. J. Crane

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

2

17. INFORMANT

H.J. Crane, Kirkville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Circulatory collapse

INTERVAL BETWEEN ONSET AND DEATH

5 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Intra-abdominal hemorrhage

5 hrs.

DUE TO (c)

Spontaneous rupture of the uterus

5 hrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☒ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Feb. 24, 1962 to Aug. 19, 1962 and last saw her alive on Aug. 19, 1962

Death occurred at

8:55 A.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

*J. H. Crane*

(Degree or title)

22b. ADDRESS

Kirkville, Mo.

22c. DATE SIGNED

8-21-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

8/21/62

23c. NAME OF CEMETERY OR CREMATORY

Maple Hills Cemetery

23d. LOCATION (City, town, or county)

Kirkville, Mo.

24. FUNERAL DIRECTOR

Davis & Davis

ADDRESS

Kirkville

25. DATE RECD. BY LOCAL REG.

8-21-62

26. REGISTRAR'S SIGNATURE

*Doris W. Ratliff*

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

10017

20017

3

4 1

5 1

6

7 0

8 2

96483

10

11

123-2

131-0

No permit issued

Jack Auster, D.O.

AUG 31 1962

MAR 4 1963

APR 1 1963

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by Jerry L. Davis, Student Embalmer No. 666  
working under my personal supervision.

Student Jerry L. Davis  
Signature of Student Embalmer

Signed A. R. Rimmer

Licensed Embalmer No. 5041  
P. O. Address Edina, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.